

Frontline

This newsletter is dedicated to professional caregivers. It is our hope that this newsletter will help you give comfort and strength to those you serve.

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Helping Your Family Heal After Stillbirth



By Alan D. Wolfelt, Ph.D.

Few events in life bring about such warm and wonderful feelings of anticipation as the announcement of a pregnancy. As soon as you and your family learned you were expecting, you naturally began to have hopes and dreams for the future. These hopes and dreams take on a life of their own and begin to grow inside you, even as the baby was growing.

Yet when you come to grief and are “torn apart,” there is no longer a living baby to go with your hopes and dreams. You have come to grief before you were prepared to mourn. The stillbirth of this precious child is an inexplicable loss of a new life – to the parents, to the siblings this baby may have had, to the extended family, and to the friends of the family.

Many Share Your Pain...

More than two million babies are stillborn worldwide each year, about one in 160 pregnancies. Each baby's death is a tragedy. Most of the time the baby dies before labour begins, but sometimes the baby dies during labour (about 15 per cent). These numbers represent many, many millions of people the world over who have been affected by stillbirth and whose grieving hearts are crying out for expression and support.

...Yet Many Do Not Understand

Sadly, many people around you may not know what to say or do to support and comfort you. There are no cultural norms for mourning the loss of someone who never lived outside the womb and was never formally welcomed into the larger community of family and friends.

Well-meaning friends and even family members may make your experience even more difficult by things they say and do. Someone may imply that the loss isn't tragic because “you can have another one.” Someone may say, “You didn't really get to know the baby” or “Now you have an angel in heaven.” Of course, all you can think about is wanting your child in your loving arms.

Know that Numbness is Natural

During the first days and weeks after your baby's death, you are likely to feel shock, emotional numbness and disbelief that any of this is real. These feelings are nature's way of temporarily protecting you from the full reality of the death. Like anesthesia, they help you survive the pain of your early grief. Numbness is natural and necessary early in your grief process.





Acknowledge Your Loss

Acknowledging that your heart is broken is the beginning of your healing. As you experience the pain of your loss – gently opening, acknowledging and allowing, the suffering it will diminish. In fact, the resistance to the pain can be more painful than the pain itself. As difficult as it is, you must, slowly and in doses over time, embrace the pain of your grief. As Helen Keller said, “The only way to the other side is through.”

Express Your Grief

Grief is the thoughts and feelings you have on the inside about the death of your baby. When you express those feelings outside of yourself, that is called mourning. Mourning is talking about the death, crying, writing in a journal, making art, participating in a support group, or any activity that moves your grief from the inside to the outside. Mourning is how you heal your grief.

Be Compassionate with Yourself

The word compassion literally means “with passion.” So, self-compassion means caring for oneself “with passion.” While we hope you have excellent outside support, this article is intended to help you be kind to yourself as you confront and eventually embrace your grief over the death of your baby.

Many of us are hard on ourselves when we are in mourning. We often have inappropriate expectations of how “well” we should be doing with our grief. We are told to “carry on,” “keep your chin up,” and “keep busy.” Actually, when we are in grief we need to slow down, turn inward, embrace our feelings of loss, and seek and accept support.

Remembering Your Baby

To heal in grief, it is important to remember your baby and commemorate this precious being whose life ended much too soon. It is good for you to share or display photos of your baby, even photos of the baby after he/she died. It is good to talk about your son/daughter, both happy and sad memories of your pregnancy as well as his/her birth and death. It is good to cherish a blanket or item of clothing that touched your baby’s precious body before you had to say goodbye. It is good to use his/her name when you are talking about him/her to others.

Help Siblings Mourn

If you have other children, they are also experiencing the pain of this loss. After a stillbirth, grieving siblings are often “forgotten mourners.” This means that parents, extended family, friends and society may overlook that they have also lost someone they love.

Siblings may indirectly express their grief. They may show some regressive behaviours, like wanting to sleep with mom and dad, cling-

ing to parents more often or asking to be taken care of in ways they were when they were younger. They may also display sadness, anger or anxiety through behaviours such as irritability, blame, distractibility, decreased motivation at school and disorganization.

Grieving siblings need adults to be open and honest with them about the death. They need to know that it is OK to talk about the baby by name and about the baby’s death. They need to be reassured that their grief is important too. They need their unique thoughts and feelings acknowledged by others.

Understand the Idea of Reconciliation

You will not “recover” from the stillbirth of your precious child. You are not ill. Your heart is broken and you are torn apart by this loss. You are not the same person today as you were before your baby died.

This does not mean you will live in misery, though. Remember, when mourning your grief, you not only heal, but you transform as you move through to the other side of your grief. Your life can potentially be deeper and more meaningful even after the death of your precious child.

When you have begun to reconcile your grief, the sharp pangs of sorrow soften, the constant painful memories subside. A renewed interest in the future begins to overtake the natural obsession with the past and the death. You experience more happy than sad in your days. You begin to set new goals and begin to work toward them. You bond with other people and develop close relationships with others again, less fearful of losing them. You experience life fully again.

Believe in Your Capacity to Heal

In moments when you do not believe you will get through another day, cling to the belief that you will survive. Part of healing is believing that there is a path to reconciliation and that you have the capacity within you to heal. Remember, the path to healing is to find ways that feel right for you to actively, openly mourn this death.

About the Author

Dr. Alan Wolfelt is a respected author and educator on the topic of healing in grief. He serves as director of the Center for Loss and Life Transition and is on the faculty at the University of Colorado Medical School’s department of family medicine. Dr. Wolfelt has written many compassionate, bestselling books designed to help people mourn well so they can continue to love and live well, including *Understanding Your Grief*, *The Mourner’s Book of Hope*, and *Healing Your Grieving Heart After Stillbirth*, from which this article was excerpted. Visit www.centerforloss.com to learn more about the natural and necessary process of grief and mourning and to order Dr. Wolfelt’s books.

Support for Non-Traditional



By Dr. Earl A. Grollman

There were two funerals for the same person in a small southern town. The reason. A nurse in a long-loving same-sex relationship was killed in an automobile accident. In that state, gay and lesbian unions were not recognized. Only the parents had sole responsibility for the burial. Since they refused to accept their daughter's sexual orientation and her lesbian partner, an alternative service was scheduled. There – rainbow flags fluttered.

~ Partnered Grief, by Harold Ivan Smith

We have all witnessed sea changes in the recognition of bereaved unmarried heterosexuals. For many, there is no longer shock when those of the opposite sex live together. This cohabitation has long existed among the younger population. But today, in some senior and nursing homes, the elderly – unmarried – may be permitted to room together and have sexual relationships.

Who could have predicted these vast shifting cultural and social changes? Some choose the relationship for economic reasons, others who may expect to be married, and those who just prefer this lifestyle.

Times are 'a-changing.'

But times are not changing for many non-heterosexual couples. Even lesbian, gay, bisexual and transgendered communities have existed since recorded history and even with the growth of gay marriages in our own time, many of their needs have been ignored and not addressed.

My friend and colleague, Dr. Kenneth Doka, describes their plight in his book, *Disenfranchised Grief*. His words: "The grief a person experiences when they incur, a loss that cannot be openly acknowledged, publicly mourned or socially accepted." Because their

partnered grief is not recognized with expressions of sympathy and compassion, secrecy and shame become added burdens of despair.

When loving partners die, not only is there the absence of those that were part of their daily lives, but often a lack of sympathy and conspicuous silence of friends, family and colleagues. Their losses are not universally valued or validated. Time in many cases may not heal. It goes underground. Suppressions of legitimate emotions create depressive symptoms increasing the sense of loneliness and alienation. Poor social supports are high predictors of psychological distress.

Thoughts for Counsellors

Disenfranchised grief comes in many forms. This may include loss of a lover (extra-marital affair), loss of an ex-spouse, loss of a friend, loss of a pet companion, loss through miscarriage. Each loss has singular consequences and complications. Different losses require different coping styles and different coping mechanisms.

So, too, with partnered grief!

Clients are not expected to be our teachers about unique situations of a gay man or lesbian and their rampant homophobia. There

are areas to enlighten ourselves. Be familiar with their terminology. Keep updated about current social and legal issues. Consult the many valuable resources in books, magazines, pamphlets and the web pages.

Build a trusting relationship. Since their non-traditional relationship may not be officially sanctioned, grieving partners may have an initial reluctance to share their feelings with us. It may take time before they are confident that we are not there to judge but to counsel. Our purpose is not to impose our religious beliefs or doctrines upon them.

Empathy is communicated not only by our words but by our general demeanour – both body language and facial gestures. We are able to discuss their intimacy and sexuality comfortably without being ill at ease. By lending them a listening ear and some of our most prized commodity – our full attention – we appropriately enter their world.

We let them know that their fear of the future is real. They should not keep it a secret, even from themselves. At this time, silence is not golden. It may make them prisoners of their own despair.

We help them to accept their grief. Their sorrow is not a disorder, a disease or a sign of weakness. It is an emotional, physical and spiritual necessity. It is the price they pay

for love. We acknowledge their special relationships and that their feelings of loss are valid.

We help them to express their grief. The only cure for grief is to grieve. They can't heal what they don't feel. They can't run away from their emotions.

It is dangerous to mask their despair. Michael Shernoff, who edited *Gay Widowers: Life After the Death of a Partner*, explains that because of societal hostility the gay widowers may be prone to added anxiety, dread, horror, fear, rage, sadness, depression and impaired future social functioning. They may be more prone to nightmares, substance abuse, somatic complaints, especially sleep difficulties, and difficulty sustaining relationships.

We stress the need for patience. After disenfranchised loss, the mind, body and soul may take extra time to heal. The mourning period is usually much longer than ever anticipated.

We explain the importance of self-care. Partnered grief requires interludes of rest and relaxation. Periods of tranquility allow them to get in touch with themselves. Perhaps, a walk in the park to behold the majesty of nature; listening to music were the lyrical notes transport them into another world. There is healing in solitude.

A physical checkup with their physician may be helpful. They should share not only their physical complaints but the trauma of their recent loss.

We warn them of "magical solutions." It is natural that gay partners attempt to bypass their searing heartaches. Alcohol and drugs only block out for a brief time. Unfortunately, they interfere with the legitimate flow of emotions. There are no shortcuts through their losses. Beware of dependencies and when realized, seek needed help.

Emphasize the need for support. Therapists may be proud of the important part we play in their healing. Still, during this time of such emotional disorder, there are consequential roles that others can contribute.

Friends. When withdrawal may appear to be the "easiest" route to take, they alone may be able to make it. But they don't have to take it alone. They don't need to feel their tragedy in solitary. Grief shared is grief diminished. Yes, there may be acquaintances and friends in the lesbian, gay, bisexual, and transgendered community with whom they feel are compatible and sympathetic. At the same time there are safe friends to bring comfort and guidance.

Perhaps the best definition is by Ralph Waldo Emerson: "A friend is a person with whom I can be sincere."

Self-help groups. Friends may not always be able to offer the support the partners may sorely need. They are involved with their own families and problems which are vastly different from theirs.

To learn about a loss-specific group – those in a non-traditional relationship – they might contact the Gay-Lesbian National Hotline (888-843-4564) or online at <http://www.glnh.org/>. Many support groups for loss – partners in a committed homosexual relationship – are now evolving.

However, don't dismiss the possibility of general support groups. Whenever the focus is upon the quality of the loss rather than the reason for the death, there is a more welcoming inclusivity. Much of the hostility of the past is being replaced with acceptance, knowledge and compassion.

An atmosphere of the acceptance is derived from shared experiences. Special bonds develop when each helps the other to uncover effective coping strategies.

Almost all of us know of those in non-traditional relationships. It might be a parent, sibling, relative, friend, colleague or a respected person in the community.

There is a pervasive fear – whatever the sexual orientation. The Bible cites this description, "It is not good for man to be alone." Included is the despairing time of death. The survivor was cherished and loved. Should not this piercing heartbreak be openly acknowledged and the griever recognized by the non-judgmental counsellors?

The New York Times reported a devastating global earthquake. It is now a sobering setting aside of differences for a more important, more immediate course. There is only one face of grief and there should be only a single face of determined compassionate outreach, worn by the rest of us.

Whatever the circumstances of loss, doesn't it make good sense? Break the silence!

About the Author

Dr. Earl A. Grollman, a pioneer in crisis management, is an acclaimed writer and lecturer. In 2013, the Association for Death Education and Counseling presented him with its Lifetime Achievement Award, only the fourth time in three decades. This award honours "his national and international impact on the improvement of death education, caring for the dying person and grief counselling." His books on coping with bereavement have sold more than a million copies. For further information, visit www.beacon.org/grollman.



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1303 Bridge Street, New Cumberland
774-7721 • www.parthemore.com

